



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/07/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NY0000132795

FACILITY NAME -> BETHEL CLEANERS

MAILING ADDRESS -> 1120 WESTCHESTER AVE
BRONX, NY 10459

INSTALLATION ADDRESS -> 1120 WESTCHESTER AVE
BRONX, NY 10459

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: KIM, JAE
OWNER
BETHEL CLEANERS
1120 WESTCHESTER AVE
BRONX, NY 10459

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
94-03-07
HAZARDOUS WASTE REGION
PRO
12
WA
BRAI

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NY00000132795

II. Name of Installation (Include company and specific site name)

BETHEL CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1120 WESTCHESTER AVE

Street (continued)

City or Town

BRONX

State

NY

ZIP Code

10459-

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

SAME

State

SAME

ZIP Code

SAME -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

KIM

(first)

JAE

Job Title

OWNER

Phone Number (area code and number)

718-328-3405

VI. Installation Contact Address (See instructions)

A. Contact Address Location? Mailing

☒ ☐

B. Street or P.O. Box

11-20 WESTCHESTER AVE

City or Town

BRONX

State

NY

ZIP Code

10459-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

KIM JAE

Street, P.O. Box, or Route Number

144-20-38 AVE

City or Town

FLUSHING

State

NY

ZIP Code

11354-

Phone Number (area code and number)

718-539-5285

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

Yes ☐ No ☒

(Date Changed) Month Day Year

☐ ☐ ☐

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print) OWNER

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)